H&P
(Learn in Detail)

January 1, 2050

Name: _____ Age: ____ Sex:____

Chief Complaint (CC):

History of Present Illness (HPI):
NLDOCAT:
Nature – Do you have burning, tingling, shooting or numbness pain?
Location – Can you point with one finger where it hurts?
Duration – Months, weeks days?
Onset – Did this happen gradually or all at once?
Course – Getting better or worse? Radiating to other parts of the foot?
Aggravated – What makes it worse? Walking, certain shoes, resting?
Treatment – What have you tried to make it better?

Denies fevers, chills, nausea, vomiting (FCNV) or shortness of breath (SOB). Any previous trauma? Last meal (NPO status)? Neurovascular intact? Open injury? what happened at the time of the incident?

Past Medical History (PMH):
IMAHO
Illnesses/Diagnosis
Medication
Allergies

Hospitalization
Operations

SH: Social history

- Hx of smoking? how many years? pack years?
- Hx of EtOH? how many drinks a week
- Any recreational drugs?
- Current occupation? work? retired?
- Support system? married? wife or kids?

FH: Family history

- Mom – deceased? illnesses? diabetes? cancer?
- Dad –

ROS: Review of Systems

- Constitutional – denies weight loss/gain, f/ns/c
- Eyes – denies visual changes
- ENT – denies nasal congestion, dysphagia
- Skin – denies rashes
- Cardiovascular – denies chest pain, palpitations
- Pulmonary – denies sob, cough
- Endocrine – denies p/p/p
- Gastrointestinal – denies abd pain n/v/d melena
- Genitourinary – denies dysuria/frequency, discharge
- Musculoskeletal – denies joint aches
- Neurologic – denies syncopal episodes, headaches/migraines
- Psychology – denies mood changes
- Heme/Lymph – denies easy bruising

VITALS:

1. Temperature – (36.5-37.6 C)
2. Heart Rate – (80-100 beats/min)
3. Respiratory Rate – (12-22 breaths/min)
4. Blood Pressure – (100-160 mmHg systolic)
5. Pulse Oximetry – (95-100 SpO2)
6. Pain Scale – (scale of 1-10)

PHYSICAL EXAM:

- General – WDWN, NAD, sitting in chair
- HENT – ncat; mmm; oropharynx clear; no cervical lad
- Eyes – eom wnl; no pallor injection or icterus
- Cardiovascular – rrr; no m/r/g. A-fib on telemonitor, in 100s range
- Pulmonary – CTAB
- Abdominal – soft, NDNT, incision c/d/i
- Neurological – MAE
- Extremities: no edema, erythema, openings, or lacerations
- Skin/Wound – 1 x 1 cm left lateral ankle wound; mild surrounding erythema
- Neuro – a&ox4; cn grossly intact; responding appropriately; moving all extremities; Dix-Hallpike negative
- Psych – normal mood/affect
- Vascular Exam–

Pulse Exam:

	R	L
Femoral	2	2
Popliteal	2	2
Posterior Tibial	2	2
Dorsalis Pedis	2	2

1. Inspection: No rashes, swelling, color change, or cyanosis in arms.
2. No signs of venous stasis in legs and no pigmentation around ankles.
3. No spider veins on legs and thighs bilaterally.
4. No clubbing in fingernails. Capillary refill is 2 sec.
5. Palpation: Hands warm and pink.
6. Feet are a bit cool to the touch and pale, but equal bilaterally.
7. No edema in feet.
8. No ulcers in lower extremities.

LABS:

- CBC, BMP, troponin, PT/INR, Uric Acid, ESR, CRP

MICRO:

- NONE

IMAGING:

- #XR L Foot 04/21/2050. Pending Post-op views
- #XR Chest 04/21/2050
  Enlarged cardiac contour, consistent with cardiomegaly and/or pericardial effusion. Perihilar vascular congestion without frank pulmonary edema. No pleural effusion or pneumothorax.

PATHOLOGY:

- Pending Left hallux results.

ASSESSMENT & PLAN:

ENDOCRINOLOGY

T2DM

- ISS Algorithm 2

- Insulin glargine 12 units

INTEGUMENTARY/EXTREMITIES

L 5th partial toe amputation

- (+) Corynebacterium Jaekaeium growth – micro final
- Post Op #12 days from Left 5th ray resection
- L foot only heel weight-bearing
- Heparin 5000u SQ TID
- Post-op shoe dispensed to be worn on L foot
- Cefepime 2g IV Q12H, vancomycin 750mg IV Q12H
- Prevalon boots to be worn while in bed.
- Dressings: Betadine paint, Owens silk, and dry sterile dressings.

H&P
(A&P Examples)

Examples of Assessments and Plan. Below is a sample list of each diagnosis and treatment. Commonly seen in internal medicine, vascular, ID, and trauma rotations

<u>NEURO/PSYCH</u>
Pain Management
- Tylenol, Tramadol, Oxy, Dilaudid, Baclofen for pain

Tremor – Patient with b/l DBS placement for tremor
- Propanolol 120mg PO

<u>CARDIOVASCULAR</u>
s/p L fem-below knee pop jump graft w/ complex closure
- LLE NWB, PT/OT to mobilize
- diabetic diet
- qAM CBC, BMP
- no abx
- Continue home meds (eg amtriptyline for PTSD, atorvastatin, sleep medications
- Abx Cefazolin on until drains removed.

<u>PULMONARY</u>
O2 requirement: improving
- Hx of COPD, continue albuterol and budesonide

<u>FEN/GI/GU</u>

- NPO+ sips
- LR @125
- Foley, monitor urine output closely (suprarenal cross-clamp time 40 min)
- IV protonix, gi prophylaxis
- Foley removed and voiding after surgery

GERD

- Continue Pantoprazole 40mg

Constipation

- Docusate 250 NA CAP
- Senna 17.2 Tab PO
- Bisacodyl 10

HEME/ID

Lymphocytosis w/ + smudge cells

- WBC improving post-operatively but lymphocyte predominance with atypical lymphocytes concerning for CLL.
- Peripheral smear + smudge cells
- LDH low; Flow cytometry pending
- F/u ordered Labs PENDING on the beta-2 glycoprotein, PNH, Cardiolipin ABS

ANTICOAGULATION

- ASA 81 in AM
- Heparin 5000u SQ BID

ENDOCRINOLOGY

T2DM

- ISS Algorithm 2
- Insulin glargine 12 units

HTN – (BP 194/91)

- Hydralazine 50 BID, amlodipine 10 daily
- Amlodipine TAB 10mg PO
- EKG reviewed; no abnormalities noted
- 10 IV Hydral

HLD

- Atorvastatin 20mg QHS

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DISPO

- F/u PTOT
- Possible discharge this coming week. Likely SNF, SW to review case today.

- F/u with Vasc, Podiatry, and Plastics. Will arrange for a clinic visit.
- Uses walker @ b/l and post-op shoe